

# PARANOIA: SYSTEMATIZED DELUSIONS AND MENTAL DEGENERATIONS.

AN HISTORICAL AND CRITICAL REVIEW,

By J. SÉGLAS,

ASSISTANT PHYSICIAN TO THE HOSPITAL OF BICÊTRE, PARIS.

Translated by WILLIAM NOYES, M.D.,

ASSISTANT PHYSICIAN TO THE BLOOMINGDALE ASYLUM, NEW YORK.

[Continued from last Number.]

## V.

IN France, since the works of Morel, we meet with this subject only in isolated memoirs, describing the forms of insanity which, in spite of their different names, seem to us to correspond to certain varieties of *paranoia* that we have passed in review.

We must notice principally in this connection the work M. Ach. Fovillé upon insanity with a predominance of the delusion of grandeur (1871); then that upon the delusion of persecution by Legrand du Saulle (1873), an amplification of the memoir of Lesègue upon the same subject. This delusion, as we have seen, is a type of *paranoia*.

The thesis of P. Garnier\* (1877) on the same subject should also be remembered.

In 1876 M. Taguet† described the insane persecutors, which he separated from the group of persecuted. This form of insanity also enters into the domain of *paranoia*, for it corresponds to the *querulanten Wahnsinn* of the Germans,

---

\* P. E. Garnier.—*Des idées de grandeur dans le delirium des persecutions*. (Thèse de Paris, 1887.)

† Taguet.—*Les Aliénés persecuteurs*. (*Am. méd. psych.*, 1876.)

and to the *querelenti* and *litiganti* of the Italians,\* and we have already seen that the most of the time it has been considered as a form having a degenerative basis.

This also appears to be the opinion of J. Falret, who discussed the question in 1878, and made the class of persecutors a form of the delusion of persecution developing in subjects with an hereditary taint. On several occasions since then he has returned to this subject and has developed his ideas in his clinical lessons and in the discussions on hereditary insanity before the Medico-psychological Society (1885-86). We may also refer to the ideas brought forward in the thesis of one of his pupils, Dr. Pottier†.

In 1882 Cotard‡ described under the name of the *delusion of negation* a psychopathic form that he distinguishes from the delusion of persecution with which it might be confounded by the systematization of the hypochondriacal ideas, and the ideas of persecution and grandeur. But, in spite of the particular characteristics that may distinguish the nature of these ideas, it should be said that the systematized delusion of negation is always secondary to melancholic conditions, and most frequently to anxious states, instead of being primary as in the delusion of persecution. It would be an example of the so-called secondary forms of *paranoia*. We have reported an example that we consider typical.§

But we can best see, by comparison, to what nosological forms *paranoia* corresponds when we turn to the works of Magnan.|| In fact we find it there complete; for although considering the facts from another point of view Magnan

---

\* We have translated these words by *quarrelling insanity* (*folie de la chicanerie*), although they express more the idea of complaint. On this subject see also Liebmann—*Ueber querulanten Wahnsinn* (*Allg. Zeitsch. f. Psych.*, Bd. xxxv., p. 395); Brosius—*Ueber querulanten Wahnsinn* (*Allg. Zeitsch. f. Psych.*, Bd. xxxii., p. 770).

† Pottier.—*Etude sur les aliénés persecuteurs* (Thesis, Paris, 1886).

‡ Cotard.—*Le délire des négations* (*Arch. de neurolog.*, 1882).

§ J. Seglas.—*Note sur un cas de mélancolie anxieuse (délire des négations)*. (*Arch. de neurolog.*, 1884).

|| Magnan.—*Leçons sur la folie héréditaire, 1882-1883; Les délirants chroniques et les dégénérés* (*Gaz. des hôp.*, April, 1884. *De la folie héréditaire* (*Journ. des conn. med.*, 1885, No. 48). *Aun. Med.-psych.*, 1885-1886; *Tribune médicale*, 1886, No. 954.

has described none the less perfectly the same forms that we have been examining. Resuming the views of Morel on hereditary insanity, he studies this in its different manifestations, which he seeks to classify. In his opinion the hereditary subjects, or rather the degenerate hereditary subjects, may be divided into four degrees according to their mental condition: first, idiocy; second, imbecility; third, mental debility; fourth, *the superior degenerates*. Now the mental condition of this last class, with its anomalies of character and of intelligence, corresponds absolutely to what other authors (Sander, Maudsley, Krafft-Ebing, Tanzi and Riva) have described under the name of the psychic constitution of *paranoia*; some of the cases would even be examples of the so-called indifferent or indeterminate *paranoia*, or *paranoia* without delusion. And in all these cases there is the soil favorable for the development of primary systematized insanity, and that even certain authors, admitting only the degenerative forms, regard as indispensable, the delusion being only the exaggeration of the particular character of these patients.

Among the superior degenerates Magnan makes the synthesis of a certain number of particular states that he designates under the name of episodic syndromes. These conditions, characterized by obstinancy and impulses, with mental anguish and clearness of mind, are what other alienists have designated under the name of fixed ideas, and thus represent that form of rudimentary *paranoia* that Arndt first described. In this connection we may mention that Magnan belongs to that group of physicians who consider that these psychical troubles are characteristic of a state of degeneration\* (psychic stigmata).

Moreover, deliria may develop in these syndromes, and these may be of several kinds. Besides the deliria of the onset already noted by Morel, systematized deliria with a

---

\* Magnan.—*Leçons sur la dipsomania (Progres medical)*, 1884. *De l'onomatomanie* (in collaboration with Charcot), *Arch. neur.*, 1885.

We cannot enter here into Magnan's doctrine of hereditary insanity. We refer, for the details, to the thesis of Legrain, who gives in a very complete manner the ideas of his master on the different points we have noticed.

slow development may be met with; some are primary, that is to say, they fix themselves little by little without attracting attention; others may be consecutive to a delirium of the onset, which may prolong itself indefinitely; at other times again they may be seen to follow the simple delirious tendencies which seem to be the prodromal period, and of which they are only the exaggeration. Who will not recognize in this brief sketch of the slowly developed deliria of degenerates, those forms of delirious *paranoia* engrafted on degeneracy, as generally admitted, and of which the idiopathic (originäre) *paranoia* of Sander is the type.

But in Morel's classification there is still another group of patients that seem to us to correspond also to certain forms of *paranoia*. These are the victims of *chronic delirium* (*les delirants chroniques*). From the symptomatological point of view the subject of chronic delirium is only the common persecuted patient taken in the different halting places of his delirium, as already partly seen by Morel, Snell, and others (period of disquiet, of persecution, of grandeur and of dementia), and representing the synthesis of certain old monomanias (hypochondria, demonomania, megalomania, theomania, etc.). It is then that the delirium presents a most marked systematization. Now, the comparison of observations on chronic delirium with those on delirious *paranoia* shows us in the majority of cases an identical description of one and the same form of insanity. There is the same symptomatology, the same course (as shown by the hallucinations, especially of hearing, the nature and evolution of deliria, and the reactions of the patient), just as other examples show us similar symptoms, and an evolution analagous to that of the deliria of degenerates of slow development (peculiar mental condition, insidious and progressive beginning or rapid appearance, hallucinations either numerous or absent, and the relations between these and the deliria).

In connection with this subject it should be recalled that with reference to the succession of the delusional ideas, the different alienists who have written on *paranoia* have ob-

served that the ideas of persecution or of grandeur may exist in the isolated state, or if they are recognized in the same individual (*mixed paranoia*) they are seen to be contemporaneous or to succeed each other, the ambitious ideas being the consequence of the ideas of persecution. Now, when we turn to Magnan's classification we shall see in the last case a succession of ideas analogous to those that are found in chronic delirium, while the other varieties correspond to the deliria of the degenerates.

Finally, as regards the termination, we shall find again strong analogies between the forms of delusional *paranoia*, and the deliria of degenerates and chronic delirium. Their course, which is very long, rarely ends in a true dementia, and in the midst of the dissociation of the intellectual faculties there is often found a trace of the old systematized delusion. This period of dementia is rather a period of mental confusion.

In direct opposition to the authors that we have passed in review, and who nearly all unite together all the varieties of *paranoia* by attributing to them a common degenerative basis, Magnan makes a separate class of his subjects of chronic delirium, and while admitting that they are often hereditary subjects refuses to make them degenerates.

This opinion does not seem to be held by Gèrente, who in his monograph on chronic delirium, says that this form of insanity is not met with in the earlier writers; it requires a long incubation, two or three generations preparing the ground, and *predisposition* is necessary.\*

The author even went further when he said with relation to the breaking out of the delirium, that if he meets with some accident the patient succumbs, "being moreover *from his birth* what is called a *wcakling* or being mentally enfeebled in the course of his life." He seems to us again to unite the chronic deliria with certain deliria of the degenerates of Magnan, when he says that of these insanities (the chronic deliria), those which have been most affected by

---

\* Gèrente.—*Le délire chronique, son évolution* (Thèse de Paris, 1883). *Quelques considérations sur l'évolution de délire dans la vésanie* (Arch. de neurolog., t. vi., 1883, p. 16).

direct insane hereditary influence will show themselves in their essentially intermittent delirium, and will recover or recover more easily. There are, moreover, among the observations that he reports examples of mental degeneration.

Another pupil of Magnan, Legrain,\* distinctly admits that degenerates may be affected with chronic delirium. This opinion, which we, for our part, shall be disposed to share, surprises us however in Legrain's book, for in our opinion it contradicts the classification that he adopts, and consequently renders useless the distinction that he makes between deliria of degenerates and chronic delirium, which would be only a form, at least in certain cases. In fact, whatever may be the basis on which it is admitted that the chronic delirium develops, its diagnosis from certain deliria of degenerates, which simulate it, even to being mistaken for it, is clinically the most difficult, not to say impossible.

Very interesting observations upon the question that is occupying us are found in the work of Legrain, who studies all the forms of deliria that are met with among the degenerates, their mental state, the episodic syndromes, and the deliria of the onset or of the chronic development. We must reproach him, however, for not giving us an historical review of the question, which, if it has not been considered under this aspect, has however been already treated in great part.

We may refer to an earlier work of Saury,† who has also studied the mental states of degenerates and the episodic syndromes, but has only described the deliria of the onset.

It remains to say a few words on the French works relating to *paranoia*, and we will close this review by citing the work of Régis,‡ where, under the name of partial insanity, he reproduces the ideas of Magnan on chronic delirium; and a lecture of Ball§ (1885) upon a particular form of distinct ambitious delusion, with ideas of the same nature as

---

\* Legrain.—*Du delire chez les degeneres* (Thesis, Paris, 1886).

† Saury.—*Etude clinique sur la folie hereditaire (les degeneres)*, 1886.

‡ Régis.—*Manuel pratique de médecine mentale*. Paris, 1885.

§ Ball.—*Du delire ambitieux* (L'Encephale, 1885).

the weak subjects (*débiles*), those suffering from circular insanity, the persecuted and the general paralytics, and which he likens to Ach. Foville's insanity with predominance of delusions of grandeur.

We have seen, in fact, that *paranoia* is no new thing in psychiatry, and we can recall its history by citing the numerous names under which the alienists of different epochs and different countries have designated it. We see, too, that born in France, the doctrine of primary systematized delusions has been especially developed in Germany, and since then in other countries and especially in Italy. Perhaps this study has even been pushed to the point of exaggeration, each one wishing to add his particular note, and bringing confusion from the multiplication of forms.

What is there especially to emphasize in a résumé of the different theories that we have sought to explain? One fact that stands out prominently from this historical review is that all authors admit a form of primary *paranoia* engrafted on a soil of degeneration, and the existence of which moreover is indisputable; but some admit only this form with its varieties; others restrict its domain more or less, and do not consider that the ground of mental degeneration is indispensable to the production of *paranoia*.

It is, then, in the scheme of this psychoneurotic *paranoia*, that we meet by the side of the chronic form that form of *paranoia* called acute, psychoneurotic, hallucinatory, and curable, admitted for the first time by Westphal. Here opinions are much divided; some follow the ideas of Westphal, as, for example, Meynert, Frisith, Mendel, Tiling, Amadei and Tonnini, etc. Others completely deny its existence, or at least do not describe it as a form of *paranoia*: these are Krafft-Ebing, Pelman, Mayser, Morselli, Tanzi and Riva, etc. For ourselves, we are fully inclined to adopt this latter opinion. The study of the observations on acute *paranoia* that we have met with in the course of our reading, has failed to show a single pathognomonic symptom which could in any way show a relationship between this acute *paranoia* and the chronic form, whether degenerative or primary.

On the contrary, it seems to us that this variety is very comparable sometimes to certain melancholic states more or less accentuated, often with stupor, but sometimes with depression or anxiety, and sometimes to states of simple or symptomatic maniacal excitement.

There is still much discussion on the subject of the form of insanity called rudimentary, described by Arndt, and the type of which is represented by the fixed ideas. The ground, as we have seen, upon which these ideas may develop is much contested; and on one side certain authors approach entirely the fixed ideas of *paranoia*, distinguishing them, however, because of the preservation of consciousness. Others admit them as a rudimentary form, others as a prodromal period, and still others as an episode in the course of *paranoia*.

Regarding the secondary form, its existence is indisputable; but it is only one form of *paranoia* properly so called, and it is only one form of systematized delusion simply secondary to some maniacal or especially melancholic states, of which it serves as the termination or as a bond of union between them and dementia. There remain still the pretended forms of hysterical, epileptic, and alcoholic *paranoia*.

For ourselves, we should wish with Krafft-Ebing to do justice and put them under the pathological state of which they form a part. It should be remembered, however, that certain of these patients are possibly true examples of *paranoia*, and that there may be found among them the co-existence of two delusions, that only an attentive observation is able to distinguish.\*

---

\* In this connection see also Magnan, *Arch. Neur.*, No. 1; Garnier, *Gaz. hebdom.*, 1880; Dericq, Thesis, Paris, 1886; Krafft-Ebing, *loc. cit.* Among the works on the subject of *paranoia* that have come to our knowledge since the composition of this memoir we may cite: Poggi, *Riv. sp. di fren.*, anno x., fasc. 4; Guillard and Tanzi, *ibid.*; L. Bianchi, *La Psichiatria*, anno iv., fasc. 3 and 4, p. 2; G. Zuno, *ibid.*, p. 220; Zenner, *The Medical Record*, 1887, p. 124; P. Garnier, J. Falret, Dagonet, Briand, and Cotard.—Discussion on chronic delusion (*Ann. Med.-psych.* and *Archives de Neur.*, 1887).

(From *Archives de Neurologie*, January, March, and May, 1887.)